

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 700524 FILING DATE 15 NOV 2000  
APPLICANT(S) Kapilow

CLAIMS

| AS FILED     | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|--------------|------------------------|------|------------------------|------|
|              | IND.                   | DEP. | IND.                   | DEP. |
| 1            |                        |      |                        |      |
| 2            |                        |      |                        |      |
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| 49           |                        |      |                        |      |
| 50           |                        |      |                        |      |
| TOTAL IND.   | 2                      |      |                        |      |
| TOTAL DEP.   | 30                     | 2    | 2                      | 2    |
| TOTAL CLAIMS | 32                     |      |                        |      |

|              | *    | *    | *    | *    |
|--------------|------|------|------|------|
|              | IND. | DEP. | IND. | DEP. |
| 51           |      |      |      |      |
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| 99           |      |      |      |      |
| 100          |      |      |      |      |
| TOTAL IND.   |      |      |      |      |
| TOTAL DEP.   |      |      |      |      |
| TOTAL CLAIMS |      |      |      |      |